

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16280

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5983</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Gogebic</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Devil's Elbow Cullen Twp</u>				c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Devil's Elbow Motel</u>				e. STREET ADDRESS (If rural, give location) <u>628 Pabst Street</u>			
3. NAME OF DECEASED a. (First) <u>Donald</u> b. (Middle) <u>L.</u> c. (Last) <u>Trudgeon</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1955</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1 Oct 1919</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ironwood, Michigan</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>William K.</u>				13b. MOTHER'S MAIDEN NAME <u>Clarice Kellow(Step)</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia C. Trudgeon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Jan 43 to date</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>US Army Address O. B. Milligan, Major MSC- Ft. Wood, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation from aspiration of stomach contents and alcoholism, acute</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>1. Gastritis, acute, alcoholic</u> <u>2. Coronary insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21. HOW DID INJURY OCCUR?			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8:45</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I examined the deceased person <u>on 23 May 1955</u> , and that death occurred at <u>approximately 0400 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Anthony J. Teleag, Capt. MC</u>				23b. ADDRESS <u>US Army Hospital, Ft. Leonard Wood, Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>May 25 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ironwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ironwood Michigan</u>				24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Redden</u>			
DATE REC'D BY LOCAL REG. <u>5-25-55</u>				REGISTRAR'S SIGNATURE <u>Carla M. Anderson</u>			
(Licensed Embalmer's Statement on Reverse Side) HENNES FURNERAL HOMES INC CROCKER MO							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
5-25-55
Pulaski County Health Officer
File Number
Date Filed 5-31-55

JUN 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 488

P. O. Address *Evansville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.